

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service (DOS) 10/09/01?
b. The request was received on 03/22/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. Provider marked exhibits
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60
 - b. EOBs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 05/24/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 05/28/02. The only response from the insurance carrier was received in the Division on 03/25/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The provider has not received proper reimbursement for services associated with an epidural steroid injection.
2. Respondent: Please see attached EOB.

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 10/09/01.
2. The carrier's EOB has the denial, "F – PER THE FEE GUIDELINE. MODIFIER RT IS NO LONGER A VALID MODIFIER FOR DURABLE MEDICAL EQUIPMENT. PLEASE REBILL USING HCPCS MODIFIER RR".
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
10/09/01	A4550	\$145.00	\$0.00	F	DOP	Texas Workers' Compensation Act & Rules, Rule 133.304 (c); MFG, SGR (V)(B)(1-3)	<p>The carrier's explanation that is supplied with its denial code "F" does not appear to be proper and does not meet the requirements of Commission Rule 133.304 (c). However, an improper explanation of the code does not create carrier liability through waiver.</p> <p>The referenced SGR discusses the billable CPT codes for surgical procedures performed in a doctor's office. They are CPT codes 99070-ST, 99070-AS & 99499-RR. The CPT codes in dispute are not one of these billable codes. Therefore, reimbursement is not recommended.</p>
10/09/01	A4649	\$25.00	\$0.00	F	DOP		
10/09/01	A4209	\$10.00	\$0.00	F	DOP		
Totals		\$180.00	\$0.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 16th day of September 2002.

Larry Beckham
 Medical Dispute Resolution Officer
 Medical Review Division